Statement-II

S. No.	Name of Doctor	Desig-nation	System	Present Posting	Zone
I.	Dr. S.A. Pasha	SMO	Unani	South Avenue	Central
2.	Dr. H.C. Bansal	CMO	Homoeo.	South Avenue	Central
3.	Dr. (Smt) Urmil Rehni	CMO	Homoeo.	Kali Bari	Central
4.	Dr. R.K. Dixit	SMO	Ayur.	Laxmi Nagar	East
5.	Dr. J. Pandey	MO	Ayur.	Transferred out of CGHS	
6.	Dr. B.S. Sharma	CMO	Ayur.	R.K. Puram, Sector-XII	South
7.	Dr.V.D.Parmar	CMO	Ayur.	R.K. Puram Sector-XII	South
8.	Dr. (Smt.) Padaminidas	CMO	Homoeo.	R.K. Puram Sector-XT!	South
9.	Dr. AshaTiwari	CMO	Ayur.	M.B. Road R.K.	South
10.	Dr. P.K. Rehni	CMO	Homoeo.	Puram(H), Sector XII	South
11.	Dr. M.D. Goswami	CMO	Ayur.	Delhi Cantt.	North
12.	Dr. S.K. Sharma	Adviser (Ay.)	Ayur.	Ayurvedic Hospital, Lodi Road	Central
13.	Dr. Kishori Lai	CMO	Ayur.	Ayurvedic Store	Hqrs.

Introduction of Touch-Screen Info Kiosks in Karnataka

*449. SHRI K.C. KONDAIAH: Will the Minister of RAILWAYS be pleased to state:

(a) whether Southern Railway has introduced touch-screen info kiosks in Karnataka;

(b) if so, the places where they are introduced at present; and

(c) the places where these touch-screen info kiosks are proposed to be introduced in that State?

THE MINISTER OF RAILWAYS (KUMARIMAMATA BANERJEE): (a) Yes Sir.

(b) Touch-screen info kiosks have been provided at Bangalore City, Kormagala (Bangalore), Banasankari (Bangalore) and Indra Nagar (Bangalore) in State of Karnataka.

(c) It is proposed to be introduced at Mysore.

Family Planning Programmes

*450. SHRI K. KALAVENKATA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Draft National Population Policy is bereft of health infrastructure, in terms of inadequate contraceptive services, specialists and trained manpower and funding; and

(b) if so, the action proposed to allocate more funds to run more health sub-centres to achieve success of the family planning programme?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The National Population Policy 2000 has specified that meeting unmet needs for contraception, health care infrastructure and health personnel and provision of integrated service delivery are the immediate objectives. Some of the operational strategies to achieve these objectives have been identified as follows :—

(i) Strengthening of the community health centres, primary health centres and sub-centres.

(ii) Strengthening of skills of health personnel and health providers.

(iii) Maintenance at district and sub-district levels, block-wise database of private medical practitioners whose credentials may be certified by the Indian Medical Association. The possibility of accrediting these private practitioners for a year at a time, and assigning to each a satellite population, not exceeding 5000 population, for when they provide reproductive and child health services will be explored.

(iv) Reviving the earlier system of the licensed medical practitioners who, after appropriate certificate from the Indian Medical Association, may participate in the provisional of clinical services.

(v) Involving the non-medical fraternity in counselling and advocacy so as to demystify the national family welfare efforts.